U.S. Capartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
.5368	[] / [] / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Allen J REFUES	Name InterMinitional Operating Engineer
	Labor Organization File Number 01541 Local 545
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4182 Cork Street	Street 127 E. Olan Aug
city Scipio Center	City BURROUSE
State Wew York ZIP Code +4 13147	State New Cork ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exch	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Engineer Joint TRAINing For	d mechanic And instructor
Trade Name, if any: Operating Engineers	at Training site
P.O. Box, Bldg., Room No., if any	
Street 814 County 12ts 23	7.b. Amount.
city Constantia	\$20,600.00
State NEW ONK ZIP Code +4 1304	,
s / Sept	ature
15. Signature and verification. The undersigned declares, under penalty of	ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing AILEN J. CEEUE	S File Number 0-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	• :
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Engineers Joint Training Fund	Employed as A mechanic
Trade Name, if any:	Employed as A mechanic and instructor at the training Site in Constantia
P.O. Box, Bldg., Room No., if any	Site in Constantia
Street 814 County Rtz 23	11.b. Approximate dollar value of such dealing.
city Constantia	12.a. Nature of interest held or income received.
State NEW York ZIP Code + 4 13049	Employed ASA mechanic
	Employed ASA mechanic and instructor at the training
	Site
	12.b. Amount. 20,600.00
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	THE PROPERTY OF THE PROPERTY O
Trade Name, if any:	OO COLOR DE
P.O. Box, Bldg., Room No., if any	
Street	
City	s 1 1
	TOTAL CONTROL OF THE
State ZIP Code + 4	

A CONTRACTOR OF THE PROPERTY O		This info	This information is being furnished to the Internal Revenue Ser	he Internal Revenue Ser
a Control number	OMB No. 1545-0008		are required to file a tax return, a negligence penatly or other a	igence penalty or other s xable and you fail to repr
b Employer identification number		1 Wage	1 Wages, tips, other compensation 20500.00	2 Federal income tax
c Employer's name, address, and ZIP code	P code	3 Soci	Social security wages	4 Social security tax
101 Intreprid Lane		peW S	Medicare wages and tips 20600.00	6 Medicare tax withf
Symouse, NY 13205		7 Soci	7 Social security tips	8 Allocated tips
d Employee's social security number	الم	9 Adv	Advance EIC payment	10 Dependent care b
e Employee's name, address, and ZIP code	ZIP code R.ecves	11 Nor	11 Nonqualified plans	12s See instructions for
4182 Cork Street		13 Statutory employee	ny Retiement Third-party ree plan X sick pay	12b
		14 Other	91	120
Sapio Center, N.1 13147		<u></u>		12q
15 State Employer's state ID number	16 State wages, tips, etc. 20600.00	17 State income tax 954.05	18 Local wages, tips, etc. 20500.0ປ	19 Local income tax
3				Applications of the property of the state of the property of the state
war a Wase and Tax	×		Départment o	Department of the Treasury-finternal

Form Wage and Tax

Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

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